County of San Bernardino

Clerk of the Board of Supervisors
385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130
(909) 387-4413 Fax (909) 387-4554 Internet: www.sbcounty.gov/assessmentappeals



REVOCATION AND SUBSTITUTION OF AGENT FORM FOR ASSESSMENT APPEAL(S)

APPLICANT INFORMATION		
Applicant Name:		
Mailing Address:	City/State:	Zip:
Contact Phone:	Fax:	<u></u>
Contact Friorie.		
REVOCATION OF AGENT AUTHORIZATION		
I hereby revoke and terminate authorization for the following a	gent/agency to act on my behalf in all r	matters relative to
assessment appeals regarding the property listed below. This	revocation is effective on the signature	date helow unless
otherwise indicated.	revocation to encouve on the signature v	acto bolow dilloss
otherwise indicated.		
Agent or Attorney Name:		
		
Company Name (if applicable):		
Real Property Only – APN:		
Personal Property Only – APN:	Assessment Year:	
AUTHORIZATION FOR SUBSTITUTION OF AGENT		
I hereby substitute and authorize the person/agency named below to act as my agent in all matters relative to assessment		
appeals. This authorization includes appearances at Assessment Appeals Board hearings. The agent/agency listed may		
also inspect the Assessor's records, enter into stipulations, and otherwise settle issues relating to the property listed		
below. This agent authorization substitution is effective on the signature date below unless otherwise indicated.		
Agent or Attorney Name:		
Company Name (if applicable):		
Mailing Address:	City/State:	Zip:
Contact Phone:	Fax:	_ '
Email Address:		_
	Accomment Veer	
Real Property Only – APN:	Assessment Year:	_
Personal Property Only – APN:	Assessment Year:	<u> </u>
APPLICANT CERTIFICATION		
Applicant Signature	Signature Date	
Applicant digitature	Oignature Date	
Title (Owner, Partner, Officer)	Company (If Applicable)	